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Debra Scott, MSN, RN, FRE **Executive Director**

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The Nevada State Board of Nursing **News** publishes news and information quarterly about Board actions, regulations, and activities. Articles may be reprinted without permission; attribution is appreciated.

Circulation includes more than 35,000 nurses, nursing assistants

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Words from the President

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A message from the executive director

Debra Scott, MSN, RN, FRE

By publishing time for this edition of our magazine, the Nevada Legislature will have completed their 120 day session and hopefully will have completed the business at hand. There will be changes in many

peoples' lives due to the changes in the laws passed by our representatives. What effects will impact the Board of Nursing?

One prediction for change is that the NSBN will begin requiring national certification for APNs. Another addition to the work of the Board will be the regulation of Medication Aides-Certified. There is a bill pending that would require an additional two consumer members on the Board. Nurses will be required to be knowledgeable and adhere to the Center for Communicable Disease's standards for infection control.

In future editions of this magazine, Board staff will give our licensees and certificate holders detailed guidance and instruction on how to meet the new requirements related to nursing regulation. Reading the magazine from cover to cover will ensure that nurses and CNAs are informed of any additional requirements to keep their licenses and certificates in good standing. It is necessary that each of you make note of what changes relate to your individual regulatory responsibilities.

By publishing time for this edition of our magazine, the NSBN will have launched a new website. We recommend that you visit the website often to keep abreast of changes in regulation, policy, and practice decisions. You may access the Nevada Nurse Practice Act via our website. It is extremely

important that you know its content and apply its principles to your practice. We appreciate any feedback you may have to make the website even more user-friendly.

The NSBN recently received the results of the National Council of State Boards of Nursing's Commitment to Ongoing Regulatory Excellence 2010 Report. It is somewhat like a report card for us. In future issues, we will be focusing on what we do well, but also seeking your comments on what we can do better. This is one of our quality indicators and provides feedback from Nevada nurses in general, nurses who have gone through the disciplinary process, individuals who have lodged complaints against nurses and CNAs, employers of nurses, and Nevada approved nursing programs. You have spoken and we wish to respond.

Most likely, the Legislature will pass a Sunset Bill which will require all state boards and commissions to be subject to periodic sunset review. Auditors will assess the continued necessity for the existence of the NSBN, the utilization of resources, adherence to a myriad of statutes and regulation, specifically the Open Meeting Law. They will review policies and procedures and the Board's adherence to those processes.

We welcome the transparency that is the goal of the Sunset Bill. We intend to continue to provide the citizens of Nevada and the licensees and certificate holders we regulate comprehensive and efficient services to protect the public.





Words from the president

Doreen Begley, MS, RN

Recently I was listening to a morning news show, and they announced that the oldest known living person in the United States had died; being well over 100 years old. They also showed a clip of an interview they had done with the

woman earlier in her life and had asked her the standard question, "How did you live to be over 100 years old"? Her answer really had an impact on me because it wasn't the standard response; don't drink or smoke, do eat well, and exercise. She simply said, "Embrace change."

That may seem like very basic advice, but I think too often we forget that the ever evolving changes in our lives aren't something that ust happens to us "out of the blue", but rather change is a constant that is never static in its nature.

For those of you who have been involved in nursing for two or three decades, I'm sure you can think of something you were taught that was an absolute standard of care that has since been proven to not only be ineffective, but actually harmful to a patient. For example, alcohol baths for infants with fevers which was once a totally accepted method for fever reduction, now is totally contraindicated. In keeping with the fever reduction theme, children of all ages were once treated with aspirin for fever control. Then Reyes Syndrome was discovered, Tylenol was "invented" and practice again changed. This evolution is required based on practice outcomes and new discoveries.

When considering educational requirements for nurses, the standard

continues to evolve. Diploma nursing programs, once the standard for entry level nursing education, have all but disappeared and have been replaced by associate degree and bachelor degree programs. Now, nurses obtaining doctoral degrees in nursing is becoming not only an educational achievement but a trending expected norm.

There once was a time if you obtained certification in a nursing specialty, it was perhaps offered as a "lifetime certification". As the educational base knowledge continues to expand, the rules have changed and re-certification is now required every 3, 5, or 8 years.

Historically, even before I became a nurse more than 42 years ago, nurses were not allowed to use a stethoscope or take a blood pressure. It is said that 50% of our current knowledge will be outdated in 10 years; we just don't know which 50% that will be.

Some of the changes that are predicted to occur within our lifetime include many things that have been commonplace to most of us. With the ongoing development of the internet, there exists a strong possibility that the post office, newspapers, and books will disappear. Has the amount of "snail mail" you receive declined? Do you have a news app on your smart phone? Do you own a Kindle, Nook, or other book reading device? Many people have already disconnected their "land line" telephone and opt for only a cell phone.

These changes have impacted health care practices and delivery and will continue to do so in the future. Be careful not to fall too far behind the rapid advance of technology. Technology quickly changes to meet the new demands of the marketplace. Health care providers must remain ever diligent to stay current with trends. We must follow the advice of the aforementioned elder—to live a long and happy life and have a long and happy nursing career, *Embrace Change!*

SAFE INJECTION PRACTICES ON-LINE TRAINING COURSE

Through collaboration between the University of Nevada Las Vegas School of Community Health Sciences, University of Nevada Las Vegas School of Nursing, the Southern Nevada Health District, University of Nevada School of Medicine and the Nevada Coalition for Safe Injection Practices an on line training focused on safe injection practices is now available. The creation and evaluation of this training was made possible through funding from the Centers for Disease Controland Prevention1(CDC).

The training consists of ten sections related to infection control and specifically injection safety including ethical considerations and policies and procedures related to injection safety. It also utilizes video clips from the CDC training video for safe injection practices to illustrate concepts discussed in the text.

The course has been approved for a maximum of 2.00 AMA PRA Category 1 Credits™ as well as has been approved for 2.00 continuing medical education credits in ethics by the Nevada State Board of Medical Examiners (BOME) and meets the Board's requirement for 2.00 continuing medical education credits in ethics. The course is also approved for 2.00 hours of nursing continuing education credit by the Nevada State Board of Nursing and has been approved by the Nevada State Board of Dental Examiners for 2.00 continuing education hours (Course number 11-014).

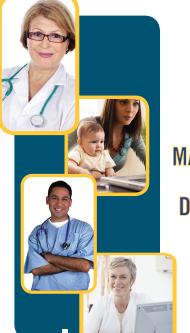
This on-line training is offered at no cost through the University of Nevada School of Medicine's Department of Continuing Medical Education and Professional Development and is available at www. nevadacme.com. The course can be a helpful training tool for medical assistants and other staff members in your practice and serves as a good refresher on safe injection practices.

1 Development of this training module was supported by Cooperative Agreement Number 1H75PS002093-01 awarded to the Southern Nevada Health District from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention. Education credit has been approved by the Nevada State Board of Dental Examiners for 2.00 continuing education hours (Course number 11-014).

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POSITION STATEMENT NUMBER 2.13 SAFE PRACTICES FOR NEEDLE AND SYRINGE USE

Standard IX of the American Association of Nurse Anesthetists (AANA) Scope and Standards for Nurse Anesthesia Practice states that Certified Registered Nurse Anesthetists (CRNAs) shall take precautions "to minimize the risk of infection to the patient, the CRNA, and other healthcare providers."1 Further, the AANA Code of Ethics states that every member of the AANA "has a personal responsibility to uphold and adhere"2 to the ethical standards contained within the Code of Ethics document. Specifically, item number 3.2 of the AANA Code of Ethics states that the "CRNA practices in accordance with the professional practice standards established by the profession."2 The AANA historically has taken a strong stance concerning infection control behaviors, and the AANA's Infection Control Guide³ has served as a valuable resource to CRNAs on this issue for many years.

Despite attempts to educate healthcare providers regarding the public hazards of syringe and needle reuse and other unsafe injection practices, transmission of bloodborne pathogens continues to occur in the United States.^{4,5} According to one recent report, there have been 33 different outbreaks involving transmission of the Hepatitis B or C viruses which placed over 60,000 patients at risk for contracting bloodborne infections within the past 10 years.⁵

Preventing the transmission of infectious agents involves many considerations and best practices on the part of the anesthesia professional in order to be successful. This position statement is intended to address aspects of anesthesia care which involve the use of needles and syringes when administering intravenous medications.

The following statements reflect current safe practices for needle and syringe use by CRNAs:

- Never administer medications from the same syringe to multiple patients, even if the needle is changed.⁶
- Never reuse a needle, even on the same patient. Once a needle has been used, it is considered contaminated and must be discarded in an appropriately identified sharps container. Needles are single-use devices.6 For example, when injecting a dose of medication from a syringe through an intravenous port, the needle may enter the port only one time and then must be

discarded. If additional medication dosages are to be administered from this syringe, a new sterile needle must be utilized for each injection.

- Never refill a syringe once it has been used, even for the same patient. Syringes are single-use devices.³ Once the plunger of a syringe has been completely depressed in order to expel the syringe contents (i.e., intravenous medication), the internal barrel of the syringe is considered contaminated and must be discarded in an appropriate fashion. A syringe must only be used once to draw up medication, and must not be used again even to draw up the same medication, from the same vial, for the same patient.
- Never use infusion or intravenous administration sets on more than one patient.6 Infusion and intravenous sets are single-patient use items and must be used according to applicable policies and guidelines. These devices are to be used on one patient only, and must never be used between patients.
- Never reuse a syringe or needle to withdraw medication from a multidose medication vial. A new sterile syringe and needle are required each time a multidose vial is accessed.^{6, 13} Practitioners should avoid using multidose vials if at all possible. If a multidose vial must be used, the practitioner should consider using that multidose vial on only one patient. Although multidose medication vials contain a preservative, they still may become contaminated with infectious agents due to unsafe practices. Using a new sterile needle and syringe each time a multidose vial is accessed reduces the possibility of contamination.
- Never reenter a single-use medication vial, ampoule or solution.¹⁴ It is not appropriate to prepare multiple flush syringes for multiple patients from the same single-use intravenous solution bag or bottle (e.g., normal saline). It is not appropriate to prepare multiple fentanyl, midazolam, or propofol syringes for the same or multiple patients from the same single-use medication vial, ampoule or solution.

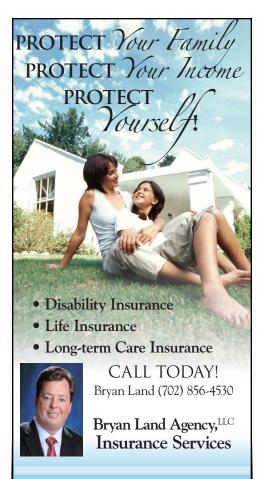
Every patient deserves to receive anesthesia care that is free from risk of infection. CRNAs have an obligation to ensure that the care they render reduces the risks posed to their patients and themselves from infectious agents. Therefore, using a new sterile needle,

- a new sterile syringe, and a new single-use medication vial is required to minimize the inherent risks of injection practices. Syringes and needles must only be used once. References
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BE PROACTIVE IN ADDRESSING SAFE INJECTION PRACTICES WITH YOUR PATIENTS AND COLLEAGUES



I want to thank the Nevada Nurses Board and all their members for the continued support of the One and

Only Campaign. I am taking this opportunity to call all healthcare providers who read this update to action. Unsafe injection practices are still in the news and continue to shine an unfavorable light on many of Nevada's healthcare providers. Now is the time to be PROACTIVE! I welcome each and every profession, medical office and healthcare provider to take advantage of the One and Only Campaign.

To help raise awareness about the consequences of unsafe injection practices and to remind healthcare providers about the basics of injection safety, the Safe Injection Practices Coalition (SIPC) has created educational materials for use in provider's offices, in patient rooms, and work areas that can be ordered or

downloaded at: www.oneandonlycampaign.org, at no charge, and used to give your staff a quick "refresher" on injection safety. You may also contact the Campaign Director in Nevada at 775 684 1043 or at jtheile@health.nv.gov. Click here to order free copies of these materials from the Centers for Disease Control and Prevention (CDC) (publication numbers 22 0696 through 22 0702). Together we can alleviate patients' fears and apprehension over the events that transpired not only in our great state, but continue to re-occur across the country, including most recently, just over the border in California.

How can you make a difference? Add a link to the One and Only web site onto your website, tell your colleagues about the campaign and encourage their active participation, get the free materials and USE them. During our pilot phase last year we discovered the best way to educate and open the communication with your patients is to hand them a patient brochure or attach one to the paperwork they fill out when they come into the office. Just laying the materials out in the waiting room is not ef-

fective and this is your chance to take charge of the situation and be proactive in demonstrating your commitment to your patients' well-being.

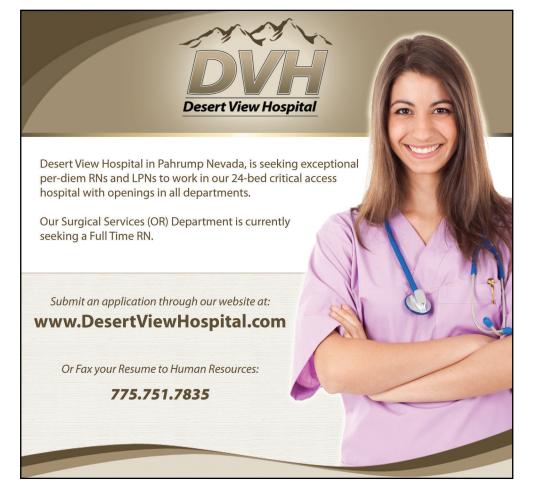
An online safe injection practices course is available for free! The course has been approved for a maximum of 2.00 AMA PRA Category 1 Credits™ as well as has been approved for 2.00 continuing medical education credits in ethics by the Nevada State Board of Medical Examiners (BOME) and meets the Board's requirement for 2.00 continuing medical education credits in ethics. The course is also approved for 2.00 hours of nursing continuing education credit by the Nevada State Board of Nursing and has been approved by the Nevada State Board of Dental Examiners for 2.00 continuing education hours (Course number 11-014).

In January, the campaign reached out through an insert in the Truckee Meadows Water Authority (TMWA) billings to over 60,000 customers in northern Nevada. In February, the Nevada State Health Division announced the official launch of the campaign in Nevada. Also in February, NV Energy generously provided space in their newsletter about the campaign that will reach upward of 1.2 million customers.

In April the Joint Commission will release "Perspectives on Patient Safety" which included a write-up of the One and Only Campaign in Nevada, New York and New Jersey. Radio spots on the campaign as well as two, television spots featuring Governor Brian Sandoval and Dr. Tracey Green, our State Health Officer, are running throughout Nevada. Starting May 20th 2011 and again in the summer the One and Only message will appear in movie theaters across Nevada. JOIN US! BE PRO-ACTIVE. We want to help you to help your patients.

Finally, please review with your colleagues and staff the provisions of, as applicable to safe injection practices, the most current version of the Centers for Disease Control and Prevention's Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, found at: http://www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf. ONLY TOGETHER, will we ensure that these outbreaks become a "Never Event" in Nevada.

Thank you, Joseph Theile, Director Nevada Safe Injection Practices Campaign



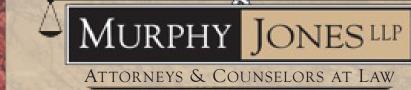
CDC Releases Guide To Infection Prevention In Outpatient Settings

The Centers for
Disease Control and
Prevention (CDC)
has released a
Guide to Infection
Prevention in Outpatient Settings:
Minimum Expectations for Safe
Care. The transi-



tion of healthcare from acute care hospitals to outpaitent (ambulatory care settings), along with ongoing outbreaks associated with breakdowns in basic infection prevention, such as the reuse of syringes, has prompted the need for this guidance.

(Source: "SafetyShare newsletter, Premier healthcare alliance")



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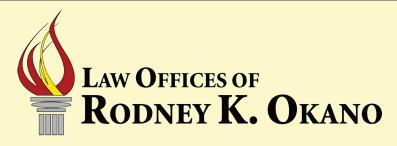
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STANDARD PRECAUTIONS - Guideline for Isolation

Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2007

The CDC safe injections information page, www.cdc. gov/injection safety is a valuable resource. The most recent guideline outlining Standard Precautions is the Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2007 can be found there and links are provided for your convenience.

Complete: Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2007 [PDF - 3.80 MB]

Excerpt: Safe Injection Practices to Prevent Transmission of Infections to Patients "Standard Precautions"

RECOMMENDATIONS

IV.H. Safe injection practices. The following recommendations apply to the use of needles, cannulas that replace needles, and, where applicable intravenous delivery systems.

IV.H.1. Use aseptic technique to avoid contamination of sterile injection equipment.

IV.H.2 Do not administer medications from a syringe to multiple patients, even if the needle or cannla on the syringe is changed. Needles, cannulae and syringes are sterile, single-use items; they should not be reused for another patient nor to access a medication or solution that might be used for a subsequent.

I.V.H.3. Use fluid infusion and administration sets (i.e., intravenous bags, tubing and connectors) for one patient only and dispose appropriately after use. Consider a syringe or needles/cannula contaminated once it has been used to enter or connect to a patient's intravenous infusion bag or administration set 453.

IV.H.4. Use single-dose vials for parenteral medications whenever possible.

IV.H.5. Do not administer medications from single-dose vials or ampules to multiple patients or combine leftover contents for later use.

IV.H.6. If multidose vials must be used, both the needle or cannula and syringe used to access the multidose vial must be sterile.

IV.H.7. Do not keep multidose vials in the immediate patient treatment area and store in accordance with the manufacturer's recommendations; discard if sterility is compromised or questionable.

I.V.H.8. Do not use bags or bottles of intravenous solution as a common source of supply for multiple patients.

Centers for Disease Control and Prevention 1600 Clifton Rd. Atlanta, GA 30333, USA 800-CDC-INFO (800-232-4636) TTY: (888) 232-6348, 24 Hours/Every Day - www.cdcinfo@cdc.gov

BOARD MEETINGS

A seven-member board appointed by the governor, the Nevada State Board of Nursing consists of four registered nurses, one practical nurse, one certified nursing assistant and one consumer member. Its meetings are open to the public; agendas are posted on the Board's web site and at community sites.

BOARD MEETING DATES

July 26-28, 2011 - Zephyr Cove September 14-16, 2011 - Las Vegas November 16-18, 2011 - Reno

ADVISORY COMMITTEES

The Nevada State Board of Nursing is advised by and appoints members to five standing advisory committees. Committee meetings are open to the public; agendas are posted on the Board's website and at community sites. If you are interested in applying for an appointment to fill an upcoming opening, please visit the Board's website or call the Reno office for an application.

MEETINGS AND OPENINGS

The openings (listed in parentheses) will occur in the next six months. All meetings will be held via video-conference in Reno and Las Vegas.

Advanced Practice Advisory

Committee (none)

August 9, 2011

CNA Advisory Committee (two)

July 21, 2011

Disability Advisory Committee (none)

October 21, 2011

Education Advisory Committee (two)

August 19, 2011

Nursing Practice Advisory Committee

(none)

August 9, 2011

October 11, 2011

BOARD TALK

COME TALK TO THE BOARD

During each regularly scheduled meeting of the Nevada State Board of Nursing, Board members hold a Public Comment period for people to talk to them on nursing-related issues.

If you want to speak during the Public Comment period, just check the meeting agenda for the date and time it will be held. Usually, the Board president opens the first day of each meeting by inviting Public Comment. Time is divided equally among those who wish to speak.

For more detailed information regarding the Public Comment period, please call the Board.

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Nevada Health Care Sector Council to deliver 10-year strategic plan to develop Nevada's health care workforce

During the 2009 Legislature, Senate Bill 239 was passed, establishing Nevada's Health Care Sector Council (NHCSC). The council's mission was to identify job training and education programs to best meet regional economic development goals. Due to a lack of focus and funding, the council was idle.

Last summer, the council found non-tra-

ditional funding and purpose thru the Affordable Care Act State Health Care Workforce Development Planning grant from the Health Resources and Services Administration (HRSA). The \$150,000 grant activated the council, which has since been working on formulating a plan to expand Nevada's primary care Full Time Equivalent (FTE) health care workforce between 10 and 25

percent over the next 10 years. This increase would meet – not exceed – the demand for health care services in the Silver State.

The plan, set for completion early this summer, will identify changes in the health care industry that will make the most impact. NHCSC is charged with informing the Governor's Workforce Investment Board of health care organizations that will have the greatest likelihood of meeting the regional workforce development and economic goals. The Southern Nevada Medical Industry Coalition, an incumbent training provider for Workforce Connections, is expected to be a leader in the roll-out of these training and development programs.

"Having the program directly identify the specific issues is going to help tremendously," said Dr. Maurizio Trevisan, executive vice chancellor and chief operating officer of the University of Nevada Health Sciences System, NHCSC member and SNMIC board member. "We want to make sure that we do have an impact and keep health care graduates employed in Nevada."

The council is made up of more than 20 health care professionals as well as additional subcommittee members. NHCSC members represent the Nevada Hospital Association, Culinary Workers Health Fund, Nevada Health Care Association, nursing licensing, Black Nurses Association, AARP, College of Southern Nevada, St. Rose Dominican and Spring Valley hospitals, University of Nevada School of Medicine, Nevada State Medical Association, the State of Nevada, Lou Ruvo Brain Institute, Nevada System of Higher Education, SNDH, Nevada Department of Education, University of Nevada, Reno Division of Health Sciences and Center for Research Design and Analysis, Keep Our Doctors in Nevada and Nevada Rural Hospital

Bringing together representatives from every facet of the health care industry was vital to serving the council's general purpose, Trevisan said.

"The health care industry is the ultimate source of employment. They need to be engaged in this process," Trevisan added. "It's important the strategies are agreed upon and everyone is on the same page."









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The Southern Nevada Health District and the HONOReform Foundation have developed the Compassionate Response Toolkit, a guide for patients with hepatitis C and their families. The Compassionate Response Toolkit is a resource for patients who have been diagnosed with hepatitis C and their families.

The kid includes educational information about hepatitis, resources and information about treatment and recovery, emotional aspects of living with hepatitis and its stigma, as well as resources to locate support groups and services in the Las Vegas Valley.

To request copies of the toolkit, you can contact the Southern Nevada Health District at 702-759-1270. The toolkit can also be accessed in PDF format at: www. southernnevadahealthdistrict.org/download/outbreaks/hepatitis-toolkit.pdf

SAVE THE DATE

Introduction to Infection Prevention & Control



Friday July 22, 2011 Las Vegas, NV 8am - 4:30pm



Infection control is a necessary component of safe, high quality patient care and is essential for the well being of patients and staff. The fundamentals of infection control are

applicable across all settings where healthcare is being provided. This course is designed to provide a thorough introduction to the basic principles of infection control as they pertain to acute care, ambulatory care, long term care, and group home settings. There will be general sessions in the morning, and facility specific outbreak sessions in the afternoon.

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Contact Ahsan Khan at akhan@nvasc.org or 702-286-7568



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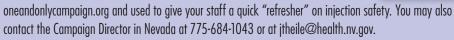
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SAFE INJECTION PRACTICES COALITION'S **EDUCATIONAL MATERIALS**

To help raise awareness about the consequences of unsafe injection practices and to remind healthcare providers about the basics of injection safety, the Safe Injection Practices Coalition (SIPC) has created educational materials for use in provider's offices, in patient rooms, and work areas that can be ordered or downloaded at: www.



Go to http://oneandonlycampaign.org to order free copies of these materials from the Centers for Disease Control and Prevention (CDC) (publication numbers 22-0696 through 22-0702).

O Infections

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The State of Nevada, Mental Health and Developmental Services Division has an immediate opening for a full time Psychiatric Nurse II position in Yerington, Ely, Silver Springs and a part time position in Fallon. This position provides professional outpatient nursing care to mentally ill individuals to include assessments and therapeutic interventions. Organizes and oversees the medication clinic. Please apply at: ttps://nvapps.state.nv.us/NEATS/Recruiting/ViewJobsHome.aep recruitment # 13022 (Yerington), 13335 (Ely), 12103 (Fallon) and 14380 (Silver Springs) or call Jamie Pruneau at (775) 687-7511 for more information.

THE ONE ONLY CAMPAIGN

The One & Only Campaign is a public health campaign, led by the Centers for Disease Control and Prevention (CDC) and the Safe Injection Practices Coalition (SIPC), to raise awareness among patients and healthcare providers about safe injection practices. The campaign aims to eradicate outbreaks resulting from unsafe injection practices.

Since 1999, more than 125,000 patients in the United States have been notified of potential exposure to hepatitis B virus (HBV), hepatitis C virus (HCV), and HIV due to lapses in basic infection control practices. Many of these lapses involved healthcare providers reusing syringes, resulting in contamination of medication vials or containers which were then used on subsequent patients.

The goal of the One & Only Campaign is to ensure patients are protected each and every time they receive a medical injection. This will be attained by empowering patients and re-educating healthcare providers regarding safe injection practices.

education and awareness Targeted campaigns focus on influencing the culture of patient safety.



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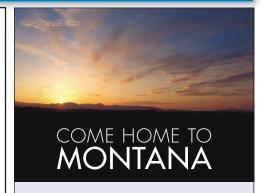
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Sherri Twedt, RN, CLNC, Investigator **Complaint Investigations Nursing Practice Questions**

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RN/LPN CEU Audits

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